

**PATENT APPLICATION**

**PRESSURE TRANSMISSION CATHETERS  
FOR IMPLANTABLE PRESSURE SENSORS**

Inventor(s): Christopher Quinn, residing at  
117 Portland Avenue, #605  
Minneapolis, MN 55401

Tanya Shipowitz, residing at  
1688 Juliet Avenue  
St. Paul, MN 55105

Justin Van Hee, residing at  
4921 Drew Avenue S., #106  
Minneapolis, MN 55410

Alyse Stofer, residing at  
2905 Aldrich Trail  
Woodbury, MN 55125

Lynn Zweirs, residing at  
6432 Karth Road  
Lino Lakes, MN 55038

Jeff Santer, residing at  
1101 81st Avenue N.E.  
Spring Lake Park, MN 55432

Andrea Wegner-Asleson, residing at  
7090 Redwing Lane  
Chanhassen, MN 55317

Brian Brockway, residing at  
4339 Nancy Place  
Shoreview, MN 55126

Art Foster, residing at  
6926 Tourville Circle  
Centerville, MN 55038

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Scott Lambert, residing at  
19477 Rochster St. N.E.  
East Bethel, MN 55011

Craig Aardahl, residing at  
6393 Mineral Point  
Lino Lakes, MN 55038

Scott Erickson, residing at  
5012 S. Beard Avenue  
Minneapolis, MN 55410

Michael Holtz, residing at  
323 Parkview Lane  
Maplewood, MN 55119

Douglas Crowe, residing at  
12333 Radisson Road  
Blaine, MN 55449

Robert Busch, residing at  
21244 Victory Lane  
Taylors Falls, MN 55084

Brian Pederson, residing at  
15020 Drake Street, N.W.  
Andover, MN 55304

Soon Park, residing at  
74 Via Los Altos  
Tiburon, CA 94920-2001

Seog Jae Lee

Assignee: Transoma Medical, Inc.  
4211 Lexington Avenue, N. #2244  
St. Paul, MN 55126

Entity: Small Business Concern

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PRESSURE TRANSMISSION CATHETERS FOR  
IMPLANTABLE PRESSURE SENSORS

Attorney Docket Number:: 021628-000910US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 14

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Christopher  
Middle Name::  
Family Name:: Quinn  
Name Suffix::  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 117 Portland Avenue, #605  
City of Mailing Address:: Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55401

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Tanya  
Middle Name::  
Family Name:: Shipowitz  
Name Suffix::  
City of Residence:: St. Paul  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 1688 Juliet Avenue  
City of Mailing Address:: St. Paul  
State or Province of mailing address:: MN

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55105

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Justin  
Middle Name::  
Family Name:: Van Hee  
Name Suffix::  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 4921 Drew Avenue S., #106  
City of Mailing Address:: Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55410

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Alyse  
Middle Name::  
Family Name:: Stofer  
Name Suffix::  
City of Residence:: Woodbury  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 2905 Aldrich Trail  
City of Mailing Address:: Woodbury

State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55125

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Lynn  
Middle Name::  
Family Name:: Zweirs  
Name Suffix::

City of Residence:: Lino Lakes  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 6432 Karth Road  
City of Mailing Address:: Lino Lakes  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55038

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Jeff  
Middle Name::  
Family Name:: Santer  
Name Suffix::  
City of Residence:: Spring Lake Park  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 1101 81st Avenue N.E.

City of Mailing Address:: Spring Lake Park  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55432

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Andrea  
Middle Name::  
Family Name:: Wegner-Asleson  
Name Suffix::  
City of Residence:: Chanhassen  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 7090 Redwing Lane  
City of Mailing Address:: Chanhassen  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55317

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name::  
Family Name:: Brockway  
Name Suffix::  
City of Residence:: Shoreview  
State or Province of Residence:: MN  
Country of Residence:: US

Street of Mailing Address:: 4339 Nancy Place  
City of Mailing Address:: Shoreview  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55126

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Art  
Middle Name::  
Family Name:: Foster  
Name Suffix::  
City of Residence:: Centerville  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 6926 Tourville Circle  
City of Mailing Address:: Centerville  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55038

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name::  
Family Name:: Lambert  
Name Suffix::  
City of Residence:: East Bethel  
State or Province of Residence:: MN



Country of Residence:: US  
Street of Mailing Address:: 19477 Rochster St. N.E.  
City of Mailing Address:: East Bethel  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55011

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Craig  
Middle Name::  
Family Name:: Aardahl  
Name Suffix::  
City of Residence:: Lino Lakes  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 6393 Mineral Point  
City of Mailing Address:: Lino Lakes  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55038

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name::  
Family Name:: Erickson  
Name Suffix::  
City of Residence:: Minneapolis

State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 5012 S. Beard Avenue  
City of Mailing Address:: Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55410

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name::  
Family Name:: Holtz  
Name Suffix::

City of Residence:: Maplewood  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 323 Parkview Lane  
City of Mailing Address:: Maplewood  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55119

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Douglas  
Middle Name::  
Family Name:: Crowe  
Name Suffix::

City of Residence:: Blaine  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 12333 Radisson Road  
City of Mailing Address:: Blaine  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55449

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name::  
Family Name:: Busch  
Name Suffix::

City of Residence:: Taylors Falls  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 21244 Victory Lane  
City of Mailing Address:: Taylors Falls  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55084

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name::  
Family Name:: Pederson

Name Suffix::  
City of Residence:: Andover  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 15020 Drake Street, N.W.  
City of Mailing Address:: Andover  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55304

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Soon  
Middle Name::  
Family Name:: Park  
Name Suffix::  
City of Residence:: Tiburon  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 74 Via Los Altos  
City of Mailing Address:: Tiburon  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94920-2001

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Seog Jae  
Middle Name::

Family Name:: Lee

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part	10/077,566	02/15/02
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/454,823	03/12/03

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::	Transoma Medical, Inc.
Street of mailing address::	4211 Lexington Avenue, N. #2244
City of mailing address::	St. Paul

State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55126